

BUILDING SUBCODE TECHNICAL SECTION



Date Received _____
Date Issued _____
Control # _____
Permit # _____

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____
Work Site Location _____

Owner in Fee _____
Address _____

Tele. (_____) _____
Contractor _____
Address _____

Tele. (_____) _____ Fax (_____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)		
<input type="checkbox"/>	No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/>	All	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/>	Footing	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/>	Foundation	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/>	Frame	_____	_____	Frame	_____	_____	_____	_____
<input type="checkbox"/>	Other	_____	_____	Barrier-Free	_____	_____	_____	_____
Joint Plan Review Required:				Insulation	_____	_____	_____	_____
<input type="checkbox"/>	Elec.	<input type="checkbox"/>	Plumb.	Finishes	_____	_____	_____	_____
<input type="checkbox"/>	Fire	<input type="checkbox"/>	Elevator	Energy	_____	_____	_____	_____
SUBCODE APPROVAL				Mechanical	_____	_____	_____	_____
<input type="checkbox"/>	CO	<input type="checkbox"/>	CCO	TCO	_____	_____	_____	_____
<input type="checkbox"/>	CA			Other	_____	_____	_____	_____
Date _____				Final	_____	_____	_____	_____
Approved by: _____				Barrier-Free	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1 + 2) \$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK

- ☐ New Building
☐ Addition
☐ Alteration
 ☐ Roofing
 ☐ Siding
 ☐ Fence _____ Height (exceeds 6')
 ☐ Sign _____ Sq. Ft.
 ☐ Pool
 ☐ Asbestos Abatement
 ☐ Lead Haz. Abatement
 ☐ Other _____
☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
Fee \$ _____
TOTAL FEE \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy